



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/591,769	FILING DATE 06/12/2000 RULE	CLASS 707	GROUP ART UNIT 2771	ATTORNEY DOCKET NO. 004239.P001
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APPLICANTS

Alain T. Rappaport, San Mateo, CA ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/140,102 06/18/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 08/21/2000

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	16	56	7
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Thien T Nguyen
 12400 Wilshire Boulevard 7th Floor
 Los Angeles ,CA 90025

TITLE

Method, apparatus and system for providing health information

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 4769

SERIAL NUMBER 09/591,769	FILING DATE 06/12/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 004239.P001
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APPLICANTS

Alain T. Rappaport, San Mateo, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/140,102 06/18/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 08/21/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Pacheekh</i> <i>10P</i> <i>Initials</i>	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
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ADDRESS

Thien T Nguyen
 12400 Wilshire Boulevard 7th Floor
 Los Angeles , CA
 90025

TITLE

Method, apparatus and system for providing health information

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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